

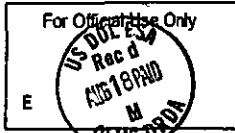
U S Department of Labor
Office of Labor Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9941	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name William Candelori P O Box Bldg Room No if any Street 1750 New York Avenue N W City Washington State District of Columbia ZIP Code +4 20006 5301	4 Name file number and address of labor organization Name International Union of Painters & Allied Trade Labor Organization File Number 000 035 P O Box Building and Room Number if any Street 1750 New York Avenue N W City Washington State District of Columbia ZIP Code +4 20006 5301
5 Position in labor organization General Vice President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>William Candelori Jr.</u>	On <u>8/13/05</u> 202 637 0700 Date Telephone Number

Name of Person Filing William Candelori

File Number U

8 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name Finishing Contractors Association</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Suite 1210</p> <p>Street 8150 Leesburg Pike</p> <p>City Vienna</p> <p>State Virginia ZIP Code + 4 22182</p>	<p>14 a Nature of payment</p> <p>Christmas Gift Basket \$80 plus tax</p>
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p>\$83</p>

Name of Person Filing William Candelori	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name IUPAT Industry Pension Fund Trade Name if any P O Box Bldg Room No if any Street 1750 New York Avenue NW City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Affiliated Pension Fund dealing consists of shared costs Filer is a Trustee All payments are in connection with expenses incurred on behalf of the fund																												
	11 b Approximate dollar value of such dealing \$839 191																												
	12.a Nature of interest held or income received <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1/27/04 meal</td> <td style="width: 33%;">\$52 47</td> <td style="width: 33%;">1/21/04 meal</td> <td style="width: 33%;">48 67</td> </tr> <tr> <td>2/4/04 meal</td> <td>88 57</td> <td>9/14/04 meal</td> <td>65 26</td> </tr> <tr> <td>3/28/04 meal</td> <td>95 84</td> <td>11/3/04 meal</td> <td>213 75</td> </tr> <tr> <td>8/16/04 meal</td> <td>107 99</td> <td></td> <td></td> </tr> <tr> <td>8/18/04 meal</td> <td>141 02</td> <td></td> <td></td> </tr> <tr> <td>8/20/04 meal</td> <td>98 88</td> <td></td> <td></td> </tr> <tr> <td>9/11/04 meal</td> <td>107 21</td> <td></td> <td></td> </tr> </table>	1/27/04 meal	\$52 47	1/21/04 meal	48 67	2/4/04 meal	88 57	9/14/04 meal	65 26	3/28/04 meal	95 84	11/3/04 meal	213 75	8/16/04 meal	107 99			8/18/04 meal	141 02			8/20/04 meal	98 88			9/11/04 meal	107 21		
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	12 b Amount \$1 020																												

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing William Candelora

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name IUPAT Joint Apprenticeship Training Fund

Trade Name if any

P O Box Bldg Room No if any

Street 1750 New York Avenue NW

City Washington

State District of Columbia ZIP Code +4 20006

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code +4

11 a Nature of such dealing

Affiliated Pension Fund dealing consists of shared costs

11 b Approximate dollar value of such dealing

\$271 319

12 a Nature of interest held or income received

1/31/04	meal	31 30	8/1/04	meal	183 84
2/5/04	meal	35 20	6/24/04	meal	67 49
2/5/04	meal	238 40			
2/6/04	meal	32 42			
2/6/04	meal	31 58			
2/7/04	meal	28 73			
2/7/04	meal	41 20			
2/7/04	meal	58 54			

12 b Amount

\$749

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code +4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing William Candelori	File Number U
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8 Name and address of Business (including trade name if any) Name IUPAT Industry Pension Fund Trade Name if any P O Box Bldg Room No if any Street 1750 New York Avenue NW City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Affiliated Pension Fund dealing consists of shared costs Filer is a Trustee All payments are in connection with expenses incurred on behalf of the fund <hr/> 11 b Approximate dollar value of such dealing \$839 191 12 a Nature of interest held or income received Paid directly to hotel(s) for meals 1/25/04 meal \$28 47 1/27/04 meal 167 17 9/13/04 meal 71 34 <hr/> 12 b Amount \$267
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing William Candelori		File Number U					
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10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4		11 a Nature of such dealing Affiliated Pension Fund - dealing consists of shared costs Filer is a Trustee All payments are in connection with expenses incurred on behalf of the fund <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">11 b Approximate dollar value of such dealing</td> <td style="text-align: right; padding: 2px;">\$839 191</td> </tr> </table> 12 a Nature of interest held or income received Paid directly to hotel(s) for lodging 1/25-1/30/04 6 nights 2830 50 9/12-9/14/04 3 nights 511 50 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">12 b Amount</td> <td style="text-align: right; padding: 2px;">\$3 342</td> </tr> </table>		11 b Approximate dollar value of such dealing	\$839 191	12 b Amount	\$3 342
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Name of Person Filing William Candelori		File Number U																																																	
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8 Name and address of Business (including trade name if any) Name IUPAT Labor Management Cooperation Initiati Trade Name if any P O Box Bldg Room No if any Street 1750 New York Avenue NW City Washington State District of Columbia ZIP Code +4 20006		9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer																																																	
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		11 b Approximate dollar value of such dealing \$226 441																																																	
		12 a Nature of interest held or income received <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">6/18/04</td> <td style="width: 30%;">Hotel</td> <td style="width: 20%;">1415 25</td> <td style="width: 20%;">9/10/04</td> <td style="width: 10%;">meal</td> <td style="width: 10%;">51 90</td> </tr> <tr> <td>2/7/04</td> <td>meal</td> <td>65 24</td> <td>9/10 9/11</td> <td>Xmas gift</td> <td>61 95</td> </tr> <tr> <td>2/1/04</td> <td>meal</td> <td>171 68</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2/2/04</td> <td>meal</td> <td>41 22</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2/3/04</td> <td>meal</td> <td>35 01</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8/5/04</td> <td>meal</td> <td>212 75</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8/12/04</td> <td>meal</td> <td>72 34</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8/19/04</td> <td>meal</td> <td>81 76</td> <td></td> <td></td> <td></td> </tr> </table>		6/18/04	Hotel	1415 25	9/10/04	meal	51 90	2/7/04	meal	65 24	9/10 9/11	Xmas gift	61 95	2/1/04	meal	171 68				2/2/04	meal	41 22				2/3/04	meal	35 01				8/5/04	meal	212 75				8/12/04	meal	72 34				8/19/04	meal	81 76			
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The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

John A. Cardozo Jr. : 8/13/05